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Background

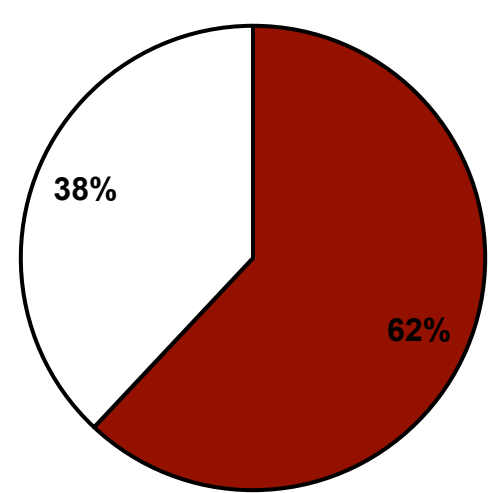
- There is generally a delay in adoption of new guidelines leading to suboptimal patient care.
- There are challenges incorporating 2018 ACC/AHA cholesterol guidelines into clinical practice.
- There is lack of adherence to 2ry treatments like Ezetimibe and proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors
- Objective: to asses adherence of current cholesterol guidelines, evaluate indication for PCSK9 inhibitors and design interventions to optimize guideline-directed lipid management.

Methods

- Retrospective study of a sample of outpatient visits at the ACC primary care clinic in patients 21 to 75 years old from 08/2018 to 12/2019. Design of Interventions to improve adherence.

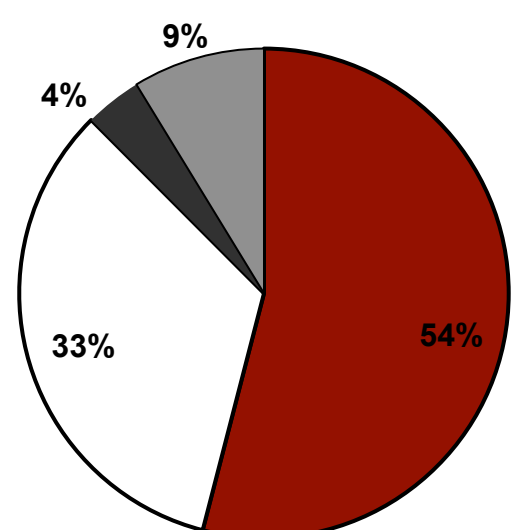
QA Results N=1042

Sex distribution



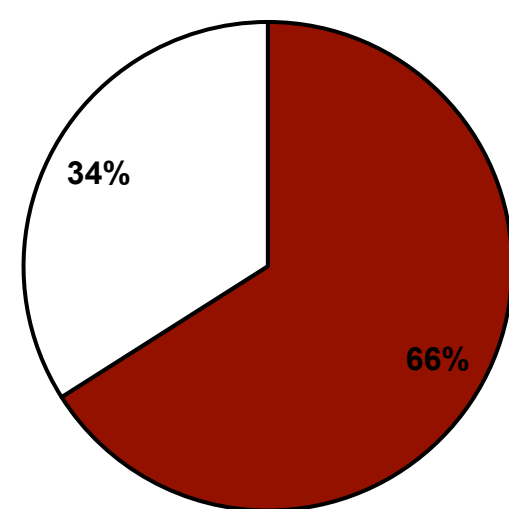
■ Female □ Male

Ethnicity



■ Hispanic □ African America
■ White □ Other

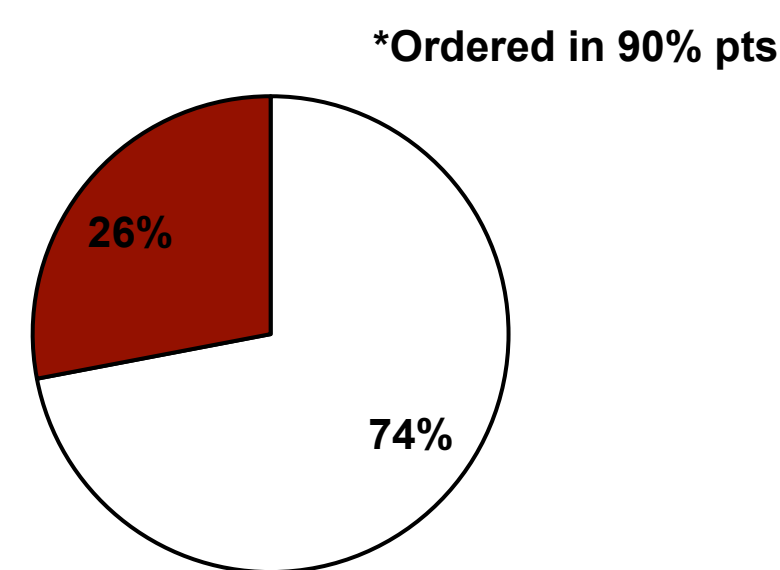
Charity Care/Uninsured



■ Yes □ No

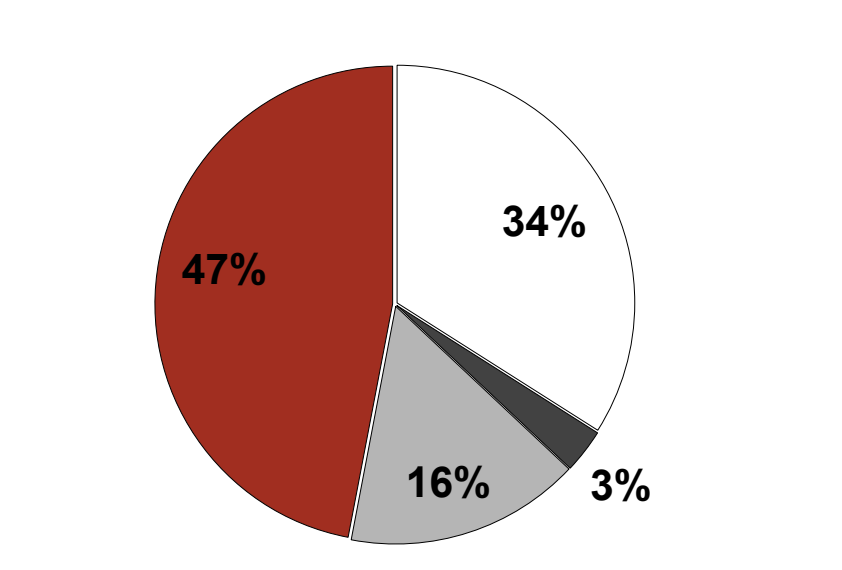
QA Results

Indication for Lipid profile



□ Screening ■ Diagnosis/Monitoring

Primary Statin Indication



□ Clinical ASCVD ■ LDL-C > 190mg/dl
■ DM 40-75y/o ■ ASCVD-RISK

Variable	N=1042
10-year ASCVD risk was calculated	39%
Mean 10-year ASCVD risk	9.63 ± 11.15
Seen by a cardiologist within 12 months.	19%*
Statins Indicated	49%
High-Intensity Statins indicated	68%
Prescription of Statins of indicated intensity	87%
Reason for lack of prescription if indicated	20%* *10% MSK; 10% liver related
Follow up Lipid Profile for monitoring ordered	34%
Criteria for Very High Risk ASCVD	9%
Indication for Ezetimibe	5%
Indication fo PCSK9 Inhibitor	1%

Intervention Strategies

Statin Indication Tool*

* Comprehensive interactive user- & mobile-friendly

Reference Table

Displayed in each clinic patient room

Email Reminders

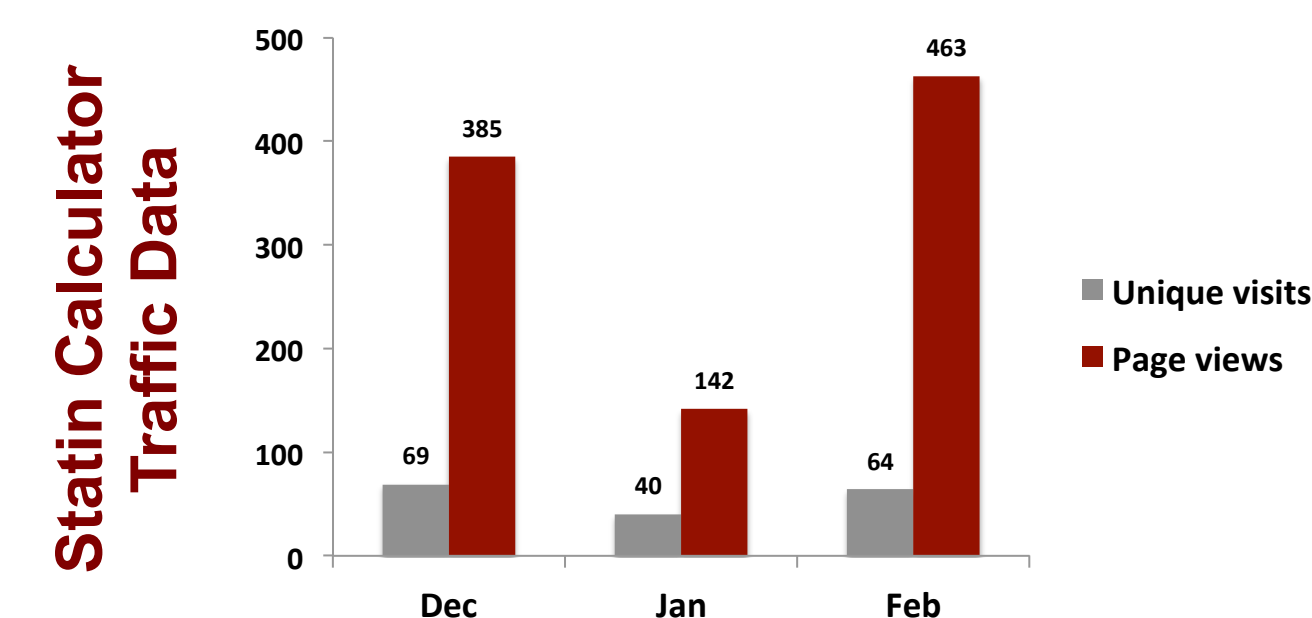
Sent at start of clinic week of the available tools

Formal Lecture

Review of updated lipid guidelines

[*www.statincalc.com](http://www.statincalc.com)

- Interactive website to determine indication for statin
- Link to ASCVD risk calculator to improve patient stratification
- Assessment for additional lipid-lowering agents
- Determine follow-up time interval and LDL goals



Conclusions

- Our data showed good compliance with prescription of statins but improvement can be made in ASCVD risk calculation and treatment monitoring. Few patients qualified for treatment modification based on the 2018 guidelines. Future work will assess results of interventions.